

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073
Fax: 302-739-3812**

**Application for Reinstatement of
Limited Liability Limited Partnership**

Dear Sir or Madam:

Attached is the Application for Reinstatement for a Limited Liability Limited Partnership to be filed in accordance with the Limited Partnership Act of the State of Delaware. The fee to file the Application for Reinstatement is \$100.00. Please make your check payable to "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073. Thank you for choosing Delaware as your corporate headquarters.

Sincerely,

Department of State
Division of Corporations

encl.
rev. 07/06

STATE OF DELAWARE
APPLICATION FOR REINSTATEMENT

1. The name of the limited liability limited partnership is _____
_____.
2. The effective date of the revocation is _____.
3. The ground for revocation either did not exist or has been corrected.
4. The partnership hereby applies for reinstatement of its status as a limited liability
limited partnership.

IN WITNESS WHEREOF, the undersigned have executed this Application for
Reinstatement this _____ day of _____
A.D._____.

By: _____
General Partner(s)

Name: _____
Print or Type

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**Limited Liability Limited Partnership
Annual Report**

Dear Sir or Madam:

Attached is the Annual Report(s) for a Limited Liability Limited Partnership to be filed in accordance with the Limited Liability Partnership Act of the State of Delaware. The fee to file the Annual Report is \$200.00 per partner. Please make your check payable to "Delaware Secretary of State". The Annual Report is due in our office on or before June 1.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073. Thank you for choosing Delaware as your corporate headquarters.

Sincerely,

Department of State
Division of Corporations

encl.
rev.06/04

**STATE OF DELAWARE
ANNUAL REPORT FOR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited liability limited partnership is _____
_____.
2. The number of partners the limited liability limited partnership has is _____.
3. The address of the registered agent in the State of Delaware is
_____ in the city of _____.
Zip code _____ . The name of the Registered Agent is _____.

IN WITNESS WHEREOF, the undersigned has caused this annual report to be
executed this _____ day of _____, A.D. _____.

By: _____
General Partner(s)

Name: _____
Printed or Typed